|  |  |
| --- | --- |
|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**WAIVER REQUEST FORM** |
| **Worker Information** |
| **Agency/County** | **Name of Worker** | **Authorizing Worker User ID/Worker #** |
| **Worker's Telephone Number** | **Worker's Fax Number** | **Worker's Email Address** |
| **Name of Supervisor** |
| **Child Information** |
| **Name of Child** | **Child's Date of Birth** | **Child's DCN** | **Child's Functional Age** |
| **Resource Parent Information** |
| **Is the location of the Resource Parent(s) in the same city as their residence while child is in care?** **[ ]  Yes** **[ ]  No**  **If no, provide the location of Resource Provider's Residence:****Location of Resource Provider while child is attending child care:** |
| **Attempt to Locate Licensed Care** |
| **Attempts made to secure licensed/contracted child care:** **[ ]  Reviewed MOHSAIC****Check all that apply** **[ ]  Contacted the Local Child Care Resource and Referral Agency****[ ]  Contacted appropriate providers for availability****[ ]  Other (Explain below)****Additional attempts made:**  |
| **Extenuating and Mitigating Circumstances****(NOTE: Preference and Convenience do not justify a waiver.)** |
| **Select Circumstance(s):** **[ ]  Provider capacity****[ ]  No licensed/contracted provider available in geographic area****[ ]  Provider unable to meet child's needs****[ ]  Transportation****[ ]  Court ordered****[ ]  Chosen provider has a previous relationship with the child****[ ]  Other****Additional extenuating and mitigating circumstances:**  |
| **Comments** |
| **Comments:** |
| **Approval Signatures** |
| **Worker Signature: Supervisor Signature:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Data Entry Worker Signature: Data Entry Date** |

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit [https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DSS](https://urldefense.com/v3/__https%3A/links-1.govdelivery.com/CL0/https%3A%2A2F%2A2Fmvc.dps.mo.gov%2A2FMoVeteransInformation%2A2FSurvey%2A2FDSS/1/01000193218a84d0-8f198a3b-c422-4f00-8742-000348342f9e-000000/fec4DKiy5orO1fZfF_kT5FUoneXJe0utfDBEVH0TDeU%3D379__;JSUlJSU!!EErPFA7f--AJOw!CWnF7jPI_CIrBk9YG0heJ87akjNcW2Ie1zvraoFh8tnzaGcGLAbvBbhVQO6210Frx99RsLGhw_3RyAph9WRtC5juzBRpNwWTdl5viy_Khiky$).